

FINANCIAL AFFIDAVIT

INSTRUCTIONS: This affidavit is to assist you in presenting sufficient detailed information for use in determining the correct amount of child support to be ordered in accordance with the North Dakota Child Support Guidelines (N.D. Admin. Code ch. 75-02-04.1). **Please complete this form as fully as possible and sign it in the presence of a Notary Public. If space is insufficient, please attach additional pages. Additional information can also be added in the comment section at the end. Attach all requested documents and additional pages and return to the Regional Child Support Enforcement Unit at _____**

1. PERSONAL BACKGROUND

Name: _____

SSN: _____

Date of Birth: _____

Address: _____

Home phone: _____

Work phone: _____

Education (list degrees held): _____

Names and dates of birth of your biological or adopted children who reside with you:

Child's name

Date of birth

Names and dates of birth of your biological or adopted children who do **not** reside with you and the name of the person with whom each child resides:

Child's name

Date of birth

Resides with

2. TAX EXEMPTIONS FOR CHILDREN AND CHILD TAX CREDIT

Names of children you claim as exemptions on your income tax return. If any of these children are not your biological or adopted children, please indicate the relationship (e.g., stepchild).

Do you alternate claiming the exemption for any of your biological or adopted children with the other parent of those children?

_____ Yes _____ No

If you answered yes to the last question, please list the names of the children for whom the exemption is alternated:

Please be prepared to identify the part of a court order that specifies that you alternate the exemption with the other parent.

Are any of your biological or adopted children for whom you claim an exemption qualifying children for purposes of the child tax credit?

_____ Yes _____ No

If you answered yes to the last question, please list the names of the children who are qualifying children for purposes of the child tax credit:

3. CUSTODY

Do you and the other parent in this child support matter have split custody of your children? (Split custody means that you and the other parent have more than one child in common and you and the other parent each have custody of at least one child.)

_____ Yes _____ No

Do you and the other parent in this child support matter have equal physical custody of your children? (Equal physical custody means each parent, by court order, has physical custody of the children exactly fifty percent of the time.)

_____ Yes _____ No

Please be prepared to identify the part of a court order that specifies that you and the other parent have equal physical custody of your children.

4. VISITATION

Does a court order specify when you and your children visit?

_____ Yes _____ No

If yes, does the number of nights any of your children spend with you, as required by the court order:

exceed 60 of 90 consecutive nights? _____ Yes _____ No

exceed an annual total of 164 nights? _____ Yes _____ No

If you answered yes to either of the last two questions, please provide the **total** number of court-ordered visitation nights per child, per year:

<u>Child's name</u>	<u>Total number of visitation nights per year</u>
_____	_____
_____	_____
_____	_____
_____	_____

Please be prepared to identify the part of a court order that specifies when you and your children visit.

5. EMPLOYMENT

Attach copies of your most recent federal income tax return, including all W-2s, 1099s, and schedules. Also attach copies of your most recent pay stubs from all employers that reflect your year-to-date income from each employer. This is especially important if you have changed employment since filing your most recent income tax return. If you claim any employment-related expenses in this section, please be prepared to provide verification of those expenses. Note: If you have more than one employer, please attach additional sheets for each employer which follow the same format as this Employment section.

Employer name: _____

Employer address: _____

Occupation: _____

Date on which you began working for this employer: _____

Rate of pay (complete the option which best describes your situation)

Hourly: \$_____ per hour; _____ hours per week

Monthly: \$_____ per month

Annually: \$_____ per year

Number of pay periods (check one)

☐ weekly
☐ 24 per year (paid twice per month)
☐ 26 per year (paid every two weeks)
☐ monthly
☐ other _____

Overtime

Average number of overtime hours worked per week during the past twelve months: _____

Rate of pay for overtime hours: \$ _____

Commissions and tips

Commissions: \$ _____ per _____

Tips: \$ _____ per _____

Bonuses

Please provide information regarding the nature and amount of any bonuses you have received in the past 12 months: _____

Employee benefits

List and describe the benefits provided to you by your employer and the annual value of such benefit (examples may include accrued vacation and sick leave, health insurance, employer retirement contributions, etc.):

<u>Benefit provided</u>	<u>Annual value</u>
_____	_____
_____	_____
_____	_____
_____	_____

Union dues: \$ _____ per month Name of union: _____

Are union dues required as a condition of employment? _____ Yes _____ No

Professional/occupational license(s) you hold: _____

Fees to maintain professional/occupational license(s): \$ _____ per year. Are these fees reimbursed by your employer? _____ Yes _____ No

Is professional/occupational licensure required as a condition of employment?

_____ Yes _____ No

Are you required, as a condition of employment, to contribute to a retirement plan?

_____ Yes _____ No

If yes, monthly amount of required contribution: \$ _____

Employee expenses

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these expenses? _____ Yes _____ No

If no, what are your out-of-pocket expenses for these items? \$ _____ per _____

Please describe these items: _____

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these lodging expenses? _____ Yes _____ No

If no, please provide the number of overnights in the last calendar year: _____ and this year: _____

6. HEALTH INSURANCE

Do you have access to health insurance coverage? _____ Yes _____ No

If coverage is or would be available, please provide the following information:

Are you currently enrolled in the health insurance plan?

_____ Yes _____ No

If you are currently enrolled in the plan, please provide the names of persons, including yourself, covered under the plan:

Name of insurance company: _____

Group number: _____

Policy number: _____

Name of policyholder: _____

Cost for health insurance is/would be (complete **all** options that are/would be available):

Single plan: \$ _____ per _____

Single + dependent plan: \$ _____ per _____

Family plan: \$ _____ per _____

7. UNEMPLOYMENT INFORMATION

If you are currently unemployed, please provide the following information regarding your last employment.

Reason for unemployment: _____

Date you became unemployed: _____

Name and address of last employer: _____

Occupation: _____

Wages for last employment

Hourly: \$ _____ per hour; _____ hours per week

Monthly: \$ _____ per month

Annually: \$ _____ per year

Number of pay periods for last employment (check one)

☐ weekly

☐ 24 per year (paid twice per month)

☐ 26 per year (paid every two weeks)

☐ monthly

☐ other _____

Overtime

Average number of overtime hours worked per week during the final twelve months of your last employment: _____

Rate of pay for overtime hours: \$ _____

Commissions and tips for last employment

Commissions: \$ _____ per _____

Tips: \$ _____ per _____

Bonuses

Please provide information regarding the nature and amount of any bonuses you received during the final 12 months of your last employment: _____

Did you receive severance pay when you became unemployed? ☐ Yes ☐ No

If yes, amount received: \$ _____

8. OTHER INCOME

Workers' compensation benefits \$ _____ per _____
Social security disability \$ _____ per _____
Social security retirement \$ _____ per _____
Dividends and interest \$ _____ per _____
Railroad retirement \$ _____ per _____
Veterans' benefits \$ _____ per _____
Other pension(s) \$ _____ per _____
Other retirement distribution(s) \$ _____ per _____
Annuities income \$ _____ per _____
Trust income \$ _____ per _____
Unemployment compensation \$ _____ per _____
Currently deferred income \$ _____ per _____
Receipt of previously deferred income \$ _____ per _____

Was this previously treated as income to you
at the time it was deferred?

☐ Yes; amount previously counted: \$ _____

☐ No

Gifts and prizes (exceeding \$1000/year) \$ _____ per _____

Refundable tax credits \$ _____

Gains \$ _____

Describe transaction resulting in gains: _____

In-kind income (the use of property or services at
no charge or less than the customary charge
related to employment or income-producing
activity) \$ _____ per _____

Describe property/service: _____

Spousal support (alimony) payments received \$ _____ per _____

Military subsistence payments received \$ _____ per _____

Rental income \$ _____ per _____

Income from royalties \$ _____ per _____

Benefits (other than public assistance) paid by others for your children:

<u>Child's name</u>	<u>Benefit type</u>	<u>Amount</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

Other (specify) _____ \$ _____ per _____

9. SELF-EMPLOYMENT INCOME

If you are self-employed, please attach copies of your personal and business federal income tax returns, including all schedules, for the last five years. These include, as applicable, IRS forms 1040, 1065, 1120, and 1120S as well as all related schedules. If you do not have income tax returns, please provide copies

of profit and loss statements for this time period instead. Note: If you have more than one self-employment activity, please attach additional sheets for each activity which follow the same format as this Self-Employment Income section.

Structure of business entity:

- ☐ Sole proprietorship
☐ Partnership; percent ownership interest: _____
☐ Limited liability company; percent ownership interest: _____
☐ S Corporation; percent ownership interest: _____
☐ C Corporation; percent ownership interest: _____

Name of business entity: _____

Business address: _____

Business phone: _____

Taxpayer identification number(s): _____

Type of business:

- ☐ Farming/ranching
☐ Service
☐ Retail sales
☐ Wholesale sales
☐ Manufacturing
☐ Other; please describe: _____

Description of business activity (e.g., type of service provided, type of item(s) sold, etc.):

How long has this business been in existence? _____ years _____ months

Names of household members who work in this business, the wage/salary paid to the household member, and household member's job duties:

<u>Household member's name</u>	<u>Wage/salary</u>	<u>Job duties</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. ASSETSDescriptionEstimated
market valueAs of
(date)

Land and buildings:

\$ _____

Machinery and equipment:

\$ _____

Livestock:

\$ _____

Vehicles:

\$ _____

Cash on hand and bank accounts:

\$ _____

Stocks and bonds:

\$ _____

Other:

\$ _____

11. MISCELLANEOUS

Annual amount of out-of-pocket medical expenses you pay for your children:

Child's nameAnnual amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please provide proof of these expenses.

Is it reasonably likely that these expenses will continue? _____ Yes _____ No

If yes, please explain: _____

12. COMMENTS

Please use this section to provide any other information that you feel would help the Regional Child Support Enforcement Unit to understand your situation or to supplement answers given above: _____

I state, under penalty of perjury, that the information contained in, and attached to, this Financial Affidavit, is true and correct to the best of my knowledge.

Date: _____

Signature: _____

STATE OF _____

County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

_____, Notary Public
My commission expires: _____